

MORTUARY ACTIVITY & STATUS REPORT (OVERSEAS) For use of this form, see AR 638-2; the proponent agency is ODCSPER												REQUIREMENT CONTROL SYMBOL CSGPA-1745					
TO:				FROM: (Reporting Command)								QUARTER COVERED FROM: TO:					
SECTION I MORTUARY ACTIVITIES				ARMY			NAVY			AF			USMC			ALL OTHERS	TOTAL
				MIL	DEPN	CIV	MIL	DEPN	CIV	MIL	DEPN	CIV	MIL	DEPN	CIV		
1. REMAINS PROCESSED--LOCAL DEATHS																	
a. Local Disposition																	
b. Prepared for Shipment																	
2. FROM OTHER COMMANDS (Identify in Remarks)																	
a. Local Disposition																	
b. Preparation & Shipment																	
3. TOTAL PROCESSED																	
4. NUMBER OF ABOVE PROCESSED FOR IDENTIFICATION																	
* Explain in Remarks																	
SECTION II--OPERATING STOCK STATUS (Excl Depot Stocks)										ON HAND		ON LOAN		IN TRANSIT		TOTAL	
1. Number of Transfer Cases																	
2. Number of Caskets																	
3. Number of Pouches, Human Remains																	
4. Mortuary Supplies on Hand Sufficient for _____ Remains.										5. Refrigeration Capability _____ Remains.							
SECTION III--PERSONNEL ASSIGNED																	
1. MILITARY		2. DAC		3. LN		4. OTHER		5. TOTAL				6. LICENSED EMBALMERS					
												a. DAC		b. MILITARY			
7. Number of Memorial Activities Specialists assigned. Explain if included in 6b, (i.e., MOS 57F20, 57F40, 57F50)																	
REMARKS (Use separate sheet if necessary)																	

TYPE NAME OF MORTUARY OFFICER

SIGNATURE

DATE